

Individual Name: \_\_\_\_\_

updated 7/2011

Each foster parent needs an individual form.

### Foster Care First Year Training Record

From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ through \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Year Month Year

Your license year and training year covers the same 12 months this form must be submitted at re-licensing  
These are all mandated training for each adult on the foster care license, unless specifically signed off by agency staff.

Core Topic Area <small>*Cores 1-4 prior to placement, 5-10 any order</small>	Date of Training	Training Title	Trainer Name	# hours	Certificate reviewed
*1. Orientation		Orientation	SLC Foster Care Staff	6	
* 2. SIDS & Shaken Baby (caring for those 5 & under, otherwise n/a)		SIDS & Shaken Baby	DVD/Libby Welsh	1	
*3. Child Passenger Restraint (caring for those 9 & under, otherwise n/a )		Child Passenger Restraint	MN Dept. Of Public Safety Trainer	3	
*4. Children's Mental Health		Children's Mental Health	DVD/ Deena McMahon	3	
5. Rule 2960/Mandated Reporting			SLC Foster Care Staff	2	
6. Behavior Management (choice of class)				2	
7. Personal & Professional Boundaries		Establishing Personal & Professional Boundaries in Foster Care			
8. Impact of Physical and Sexual Abuse (choice of class)					
9. Health and Safety		Health & Safety Adventures in Foster Care	Public Health Nurse	2	
10. Permanency & Chips Court			SLC PH&HS Court Worker	2	

#### Training Information

Please call or email Jessie Schunk to discuss your training concerns, to find out when a class will be offered, or to register for specific classes  
218-749-9793 or 800-450-9777 x7793 or [schunkj@co.st-louis.mn.us](mailto:schunkj@co.st-louis.mn.us).